

Perinatal Hepatitis B Contacts Vaccine Order Form

Fax order to (801) 538-9440

PIN

| Date Submitted | | Facility Name | | | Phone with Area Code | | |
|---|--------------------|---------------------------|------------------------|--------------------------------|----------------------|---|-------------------|
| Delivery Address (no PO Boxes) | | | | | | <input type="checkbox"/> Check if new address | |
| Person Completing Order (Print) | | | Contact Person (Print) | | | <input type="checkbox"/> Check if new contact | |
| All sections must be completed for your order to be processed. Orders submitted without current vaccine inventory will not be accepted. | | | | | | | |
| VACCINE | DOSES IN INVENTORY | BRAND NAME (MANUFACTURER) | DOSES ORDERED | PACKAGING | PROGRAM USE ONLY | | |
| | | | | | Doses Filled | Doses Back Ordered | VacMan Entry Date |
| VACCINES STORED IN THE REFRIGERATOR 35° - 46° F (2° - 8° C) | | | | | | | |
| Hep B - Adult (Preservative Free) | | Per Contract | | Single dose vials - 10 per box | | | |

Instruction for Completing the Vaccine Order Form

To ensure that your vaccine order is processed as quickly as possible, the Vaccine Order Form **must** be fully completed. Fill in all blank sections of the form. Orders submitted on outdated forms may delay the processing of your vaccine order.

Instructions:

1. Enter Facility's PIN -- Use on all orders

Provider Identification Number assigned to your clinic by the Utah Immunization Program.

2. Enter Date Submitted

Date facility submits the order to the Utah Immunization Program.

3. Enter Facility Name

Name of hospital, clinic or health department administering Hepatitis B vaccine to contacts of Hepatitis B(+) mothers.

4. Phone Number with Area Code

Number to contact clinic if there is a question regarding your order.

5. Specify the delivery address

To ensure vaccine is delivered to the correct address please provide us with the current vaccine delivery address.

Check the box if this is a new address.

6. Enter Name of Person Completing Order

Print clearly the person completing the order form so we may contact you if there is a question regarding your order.

7. Enter Name of Contact Person

Print clearly the person responsible for vaccine at your facility. Check the box if this is a new contact person.

8. List current inventory of vaccine

List the total amount of Hepatitis B vaccine on-hand in your refrigerator supplied by the Utah Immunization Program.

Do not report inventory of privately purchased vaccines.

9. Indicate the number of vaccine doses requested

The number of doses requested should be in multiples of 10 according to the packaging of the vaccine.